

Address	
Plumber's Name	
Use of bldg – be specific	Cost of Job
Signature – Licensed Master Plbr	Telephone
Owner	Telephone
Bond No.	I declare that an asbestos project (as defined in Chapter 66 of the Milwaukee Code of Ordinances) will not be included in the work performed under this permit.

City of
Milwaukee
Development Center



MILWAUKEE
DEVELOPMENT CENTER
809 N Broadway - 1st floor
Milwaukee, WI 53202-3617
414-286-8211/fax 414-286-0251

- USE GROUP
- One Family
- Two Family
- Commercial
- Other

PLUMBING PERMIT

DATE _____

This permit will expire if no plumbing work is performed in a six month period. No refund on canceled permits.

- Plumbing work being performed (Check One)
- 210 New Construction
- 220 New Installation
- 240 Repair/Replace
- 250 Sealing
- 260 Well Operation

SANITARY

Work includes laying a _____ inch san/comb sewer pipe from _____

STORM

Work includes laying a _____ inch storm sewer pipe from _____

WATER

Work includes laying a _____ inch water service pipe from _____

Work includes laying a _____ inch inside sanitary building drain for _____ feet.

Work includes laying a _____ inch inside storm building drain for _____ feet.

Is plan exam required? Yes No
If yes, plans were approved by: _____

<input type="checkbox"/> Air Conditioners	<input type="checkbox"/> Laundry Trays
<input type="checkbox"/> Apprvd Back Flow Prev	<input type="checkbox"/> Manholes
<input type="checkbox"/> Area or Deck Drains	<input type="checkbox"/> Plumbing Survey
<input type="checkbox"/> Back Flow Preventers	<input type="checkbox"/> Pot Sinks
<input type="checkbox"/> Bar Sinks	<input type="checkbox"/> Press Reduce Valves
<input type="checkbox"/> Bath Tubs	<input type="checkbox"/> Prep Sinks
<input type="checkbox"/> Beer Taps	<input type="checkbox"/> Pumps
<input type="checkbox"/> Beverages Dispensers	<input type="checkbox"/> Receptors
<input type="checkbox"/> Carbonators	<input type="checkbox"/> Roof Drains
<input type="checkbox"/> Case Drains	<input type="checkbox"/> Service/Mop Sink
<input type="checkbox"/> Catch Basins	<input type="checkbox"/> Shampoo Basins
<input type="checkbox"/> Chiller/Cooling Tower	<input type="checkbox"/> Shower Stalls
<input type="checkbox"/> Clothes Washer	<input type="checkbox"/> Sinks
<input type="checkbox"/> Coffee Makers	<input type="checkbox"/> Soap Dispenser
<input type="checkbox"/> Conductors	<input type="checkbox"/> Storm Inlets
<input type="checkbox"/> Dish Washers	<input type="checkbox"/> Sump Pumps
<input type="checkbox"/> Drinking Fountains	<input type="checkbox"/> Trench Drains
<input type="checkbox"/> Ejector Pumps	<input type="checkbox"/> Urinals
<input type="checkbox"/> Floor Drains	<input type="checkbox"/> Wash Basins
<input type="checkbox"/> Food Waste Disposers	<input type="checkbox"/> Water Closets
<input type="checkbox"/> Gang Shower Heads	<input type="checkbox"/> Water Heaters
<input type="checkbox"/> Hose Faucets	<input type="checkbox"/> Water Storage Tanks
<input type="checkbox"/> Ice Compartments	<input type="checkbox"/> Water Treat Devices
<input type="checkbox"/> Ice Makers	
<input type="checkbox"/> Interceptors	

Remarks

Branch		Size
Tap No.	Curb	
	Lot Line	
	On Lot	
Meter Size	Units	
EXCAVATION PERMIT		CONNECTION PERMIT
Deferred Sewer Charge Due? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes do not issue permit until paid) Charges Paid By: _____		
Description of work performed including sizes and points of connection:		
Issue a Connection Number <input type="checkbox"/> Yes <input type="checkbox"/> No Issue a Connection Charge <input type="checkbox"/> Yes <input type="checkbox"/> No		
Quarter Section Number _____		
Info By: _____ Date _____		
TOTAL PERMIT FEE \$ _____ See Milwaukee Building Code for Fee Schedule		
PREPARED BY:		
Original Charges		
Additional Charges	Additional Charges	